

In re application of: Bendale et al.

Atty. Docket No.: 026471-4005

Serial No.: 10/662,040

Filing Date: September 12, 2003

Title: Electrochemical Double Layer Capacitor Having Carbon Powder Electrodes

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR §§ 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The filing fee has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | (Col. 3) | Small Entity | | or | Other Than a Small Entity | |
|--|----------------------------------|-------|------------------------------------|--------------------------------|--------------|----------------|----|---------------------------|----------------|
| | Claims Remaining After Amendment | | Highest Number Previously Paid For | Number of Extra Claims Present | Rate | Additional Fee | or | Rate | Additional Fee |
| Total | 12 | Minus | 20 | 0 | x \$25 = | \$0.00 | | x \$50 = | \$0.00 |
| Indep. | 2 | Minus | 3 | 0 | x \$100 = | \$0.00 | or | X \$200 = | \$0.00 |
| <input type="checkbox"/> First Presentation of Multiple Dependent Claims | | | | | +\$180 = | \$0.00 | | +\$360 = | \$0.00 |
| | | | | | Total Fee | \$0.00 | | Total Fee | \$0.00 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-3367 in the amount of \$____. A duplicate copy of this sheet is attached.

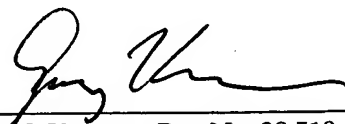
☒ Enclosed please find a Credit Card Payment Form for \$ 1240.00 for time extension and RCE fee.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-3367. A duplicate copy of this sheet is attached.

☒ Any filing fees under 37 CFR § 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR § 1.17.

Respectfully submitted,



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Dated: 3/9/05